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Application Data Sheet 37 CFI		CED 1	1 76 Attorney Docket Number			COHA0104PUSA					
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Title of Invention	APPARATUS	AND ME	THOE	FOR SEL	F-ME	ASUR	EMENT (	OF INTE	RAOCULAR	PRESSURE	
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Bruce			E.					Coha	n		
Residence Infor	mation (Select	One) (	) US	Residency	, (	) No	n US Re	sidency	O Activi	US Military Service	
City Ann Arbor State/Province MI Country of Residence i US											
Citizenship unde	r 37 CFR 1.41	b)i l	JS								
Mailing Address	of Applicant:										
Address 1	1050 W	all Street,	#5A								
Address 2											
City Ann A	rbor					Stat	e/Provir	nce	MI		
Postal Code	48105				Cou	ntryi	US				
Applicant 2										Remove	
Applicant Autho	rity ( Inventor	CLega	ıl Rep	resentativ	e unde	er 35 l	J.S.C. 11	7	Party of In	terest under 35 U.S.	C. 118
Prefix Given Na	me		Mi	iddle Nar	ne			Fami	ly Name		Suffix
Andrew			C.					Pear	zh .		
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Mailing Address	of Applicant:										
Address 1	56076	lendersho	t Roa	d							
Address 2	Address 2										
City Cumb	erland					Stat	e/Provir	nce	OH		
Postal Code	43732				Cou	ntryi	US				
Applicant 3										Remove	
Applicant Authority • Inventor   Clegal Representative under 35 U.S.C. 117   Party of Interest under 35 U.S.C. 118											
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Country of Residence i

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APPARATUS AND METHOD FOR SELF-MEASUREMENT OF INTRAOCULAR PRESSURE

Application Number

Application Data Sheet 37 CFR 1.76

Citizenship under 37 CFR 1.41(b) | US

Title of Invention

COHA0104PUSA

Mailing Address of App	licant:	_											
Address 1	Address 1 6207 Blue Heron												
Address 2													
City Ann Arbor					Stat	e/Provin	ice	N	11				
Postal Code	48108			Cou	ntryi	US							
Applicant 4										Re	mov	1	
Applicant Authority (1)	nventor OL	egal F	Representativ	e unde	er 35 t	J.S.C. 11	7	OPa	rty of In	terest	und	er 35 U.S	.C. 118
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City Ann Arbor			te/Province	) N	И	Countr	y of R	eside	ence i	US			
Citizenship under 37 CF	,	US											
Mailing Address of App													
Address 1	4629 Platt Ro	ad											
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City Ann Arbor						e/Provin	ice	N	51				
	Postal Code 48108 Country US												
All Inventors Must Be generated within this form				nform	ation	blocks	may I	96			Add		
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Title of the Invention	APPARAT	US AM	D METHOD	FOR S	SELF-I	MEASUR	EMEN	TOFI	NTRAC	CULA	AR P	RESSUR	E
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Application Type	Application Type Nonprovisional												
Subject Matter	Subject Matter Utility												
Suggested Class (if any	Suggested Class (if any) Sub Class (if any)												
Suggested Technology Center (if any)													
Total Number of Drawin	ng Sheets (if	any)			S	uggeste	d Fig	ure fo	r Publ	icatio	on (i	f any)	

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Application Data Sheet 37 CFR 1.76			Attorney Docket Number	COHA0104PUSA				
Λþ	pilcation Da	ta Sileet 57 Cl It 1.70	Application Number					
Title of Invention APPARATUS AND METHOD FOR SELF-MEASUREMENT OF INTRAOCULAR PRESSURE								
Put	Publication Information:							
	Request Early Publication (Fee required at time of Request 37 CFR 1.219)							
	Request Not to Publish. I hereby request that the attached application not be published under 35 US C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.							

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Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

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This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a) (4) and need not otherwise he made part of the specification

(1)) and nood not constitute a	- made part of one operation		
Prior Application Status	Expired		Remove
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
	non provisional of	60/419442	2002-10-18

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This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1 55(a)

		HO	move
Application Number	Country i	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			O Yes ⊙ No
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### Assignee Information:

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Application Data Sheet 37 CFR 1.76			Attorney Docket Number	A0104PUSA		
			Application Number			
Title of Invention	APPA	RATUS AND METHOD	FOR SELF-MEASUREMEN	IT OF INTE	AOCULAR PRESSURE	
Organization Name	E	yelab Group, LLC				
Mailing Address I	nforma	tion:				
Address 1	Address 1 2350 Washtenaw Avenue					
Address 2						
City		Ann Arbor	State/Pro	vince	MI	
Country   US			Postal Co	de	48104	
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#### Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.								
Signature	/Stephanie M. Mansf	ield/		Date (YYYY-MM-DD)	2006-08-15			
First Name	Stephanie	Last Name	Mansfield	Registration Number	43773			

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